

# rug Formular

# **CMS Drug Formulary**

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# THERE ARE 2 WAYS TO FIND THE DRUG YOU ARE LOOKING FOR:

- 1. USE CONTROL-CLICK ON THIS TABLE OF CONTENTS
- 2. Use the "FIND" function and type in the drug's name

# **CMS Drug Formulary Introduction**

The CMS Pharmacy and Therapeutics (P&T) Committee determines the content of the formulary. New products will not be included in this formulary until approved by the P&T Committee. To request the review of a new product, complete the form at the end of this listing and fax to AmeriChoice at (858) 565-4091.

### **Generic Products**

- 1. The CMS Formulary is generic based.
- 2. When a brand name drug is ordered and a generic equivalent is available, the generic will be dispensed by the pharmacy. The prescriber must justify any exception.
- 3. All forms of the products listed (oral, topical, and dosages) are covered.

### **Maximum Allowable Limits**

Except as otherwise prescribed or noted below, patients can receive a 30-day supply of prescribed medications. Exceptions:

- Covered narcotics are limited to 60 tablets per month unless recommended by chronic Pain Management (documentation required);
- Steroid inhalants are limited to 2 inhalers per month; Pulmicort/Serevent: limited to 1 per month

### **Code I Restrictions**

Products with this notation are restricted to amount, by diagnosis, or step therapy.

### **Formulary Exclusions**

- Drugs prescribed for conditions not covered by CMS
- All OTC products not included in this listing or not prescribed.
- Psychotropic and psychotherapeutic drugs prescribed for mental health conditions
- Oral birth control and birth control devices for non-pathological reasons
- Nicotine and smoking cessation products
- Organ anti-rejection medications
- Experimental drugs and drugs used for non-FDA approved indications
- Drug and alcohol abuse treatment

### **Authorization Policy**

<u>Every provider has the right to request coverage of a non-formulary medication.</u> Medical justification for using a non-formulary medication is required.

To assist in obtaining a formulary over-ride in a timely manner, the following pages list the prior approval requirements for the most commonly prescribed non-formulary medications.

Complete the CMS Prior Authorization form and fax to NMHC Professional Services at 800-945-1815.

### **Denials and Appeals**

When a product is excluded or is not medically justified, NMHC will issue a provisional denial to the pharmacy and/or the prescriber. If the CMS Program Medical Director completes the denial, the prescriber and the patient are issued written notification. Appeals are made directly to the CMS Program; instructions are incorporated in the denial notice.

### **Formulary Updates**

This formulary is published on the Web and is updated semi-annually in January and July. The most recent document is located at:

### www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf

A Quick Reference Drug Listing, showing cost comparisons of the most widely prescribed medications is also available at:

www2.sdcounty.ca.gov/hhsa/documents/QuickRef.pdf

# **Prior Authorization Criteria**

DRUG	CRITERIA		
Advair	<ul> <li>Ordered by Pulmonology</li> <li>Step Therapy: Tried/failed formulary products (claim history)</li> </ul>		
ANTI-NEOPLASTICS	<ul> <li>Prescribed by Oncology</li> <li>All medications costing more than \$750.00 are reviewed prior to approval</li> </ul>		
BACLOFEN	<ul> <li>Restricted to diagnosis of Spinal Cord Injury or Multiple Sclerosis</li> </ul>		
Cipro	<ul> <li>Ordered by Infectious Disease</li> <li>Other submissions: Diagnosis and previous therapies required</li> </ul>		
COREG	<ul> <li>Available only for the following exceptions         <ul> <li>Ordered by Cardiology for diagnosis of CHF with documentation of ejection fraction (&lt;40%)</li> <li>Continuation of therapy (claim history)</li> </ul> </li> <li>Therapeutic substitution: generic metroprolol</li> </ul>		
DIFLUCAN	<ul> <li>Diagnosis required</li> <li>Immunocompromised (cancer, chronic steroid use, etc)</li> <li>Diabetic with onychomycosis</li> </ul>		
DIOVAN	<ul> <li>Therapeutic substitution: Lisinopril</li> <li>Diagnosis required (Diabetes, Congestive Heart Failure)</li> <li>Step Therapy: Tried/failed other formulary cardiovascular agents or ACE inhibitors due to cough</li> </ul>		
EPOGEN	<ul> <li>Submit hematocrit value. Covered only for:</li> <li>-Renal failure</li> <li>-Anemia related to cancer therapy</li> </ul>		
FOSAMAX BONIVA	<ul> <li>Calcium is formulary</li> <li>Documentation required for the following diagnoses</li> <li>-Pagets Disease</li> <li>-Osteoporosis with history of compression fracture(s)</li> <li>-Dexascan T score of ≤2.5</li> </ul>		
IMITREX	<ul><li>Ordered by Neurology</li><li>Continuation of therapy (claim history)</li></ul>		
LANTUS	Authorization not required when ordered by Endocrinology or the patient is enrolled in Project Dulce (note on RX)  ALL OTHERS  -Step Therapy: Tried/failed other insulins (claim history)  -Continuation therapy (indicate if continuation from a previous Health Plan)- documentation required		
LIPITOR	<ul> <li>Covered for 20mg (#30/30 days) and 80 mg (#15/30 days)         <ul> <li>Pill splitter covered by CMS</li> </ul> </li> <li>Dosage increase allowed following 60 days therapy of the lower dose</li> </ul>		

# **CMS Drug Formulary Introduction**

DRUG	CRITERIA
	Prior authorization required for daily dosage of 80 mg     Submit results of last 3 lipid panels
NARCOTICS	<b>Oxycontin</b> no longer covered- methadone or long-acting morphine sulfate are the preferred alternatives. Maximum of 100 tablets each 30 days
	<ul> <li>Reviews will be instituted for any one of the following:</li> <li>A non-formulary narcotic is prescribed</li> <li>2 formulary short-acting agents are prescribed</li> <li>2 formulary long-acting agents are prescribed</li> </ul>
Neupogen	<ul><li>Ordered by Oncology</li><li>-Conjunctive to chemotherapy</li></ul>
Neurontin gabapentin	<ul> <li>Approved <u>only</u> for diagnoses of seizures or neurogenic pain</li> <li>Maximum dosage 3600 mg/day</li> <li>Step therapy for neurogenic pain         <ul> <li>Tried/failed tricyclic antidepressant AND carbamazepine (claim history)</li> </ul> </li> </ul>
Norvasc	<ul> <li>Continuation of therapy only (claim history or previous Health Plan)</li> </ul>
PLAVIX	<ul> <li>Ordered by Cardiology         <ul> <li>Post-stent treatment</li> <li>Continuation of therapy (claim history)</li> </ul> </li> <li>Step Therapy: Tried/failed ASA therapy and high risk for CVA, PVD, TIA or unstable angina</li> </ul>
PROTONIX (and other PPI)	<ul> <li>Plan Exclusion – Use therapeutic substitution</li> <li>OTC Prilosec</li> <li>-generic cimetidine and ranitidine</li> </ul>
SKELAXIN	Tried and failed at least two (2) preferred agents
VALIUM	<ul> <li>Available only for the following diagnoses         <ul> <li>Acute muscle spasm (Limited to 30 tablets)</li> <li>Seizures/ MS</li> </ul> </li> <li>Ordered by Oncology for cancer related anxiety</li> </ul>
ZETIA	<ul> <li>Step Therapy: Tried/failed maximum statin therapy (claim history)</li> <li>Severe adverse reaction to statins - submit documentation and lab data</li> </ul>



### DRUG PRIOR AUTHORIZATION REQUEST

CONFIDENTIAL PATIENT INFORMATION

## SAN DIEGO CMS PROGRAM

Fax To: 916-414-4601 Mail To: NMHCRx

9343 Tech Center Drive, Sacramento, CA. 95826

Online: Register at www.NMHCRx.com to submit prior authorizations on the Internet.

1-(800) 777-0074 for Customer Service Help Desk

Top portion and medication request information to be completed by physician requesting prior authorization.

	hat are potentially life care of the patient,NM	-threatening or, in the p MHCRX Clinical Pharm	ill be monitored) rovider's best professional judgment, poses a nacists reserve judgment of urgency and must		
Name of Member's Health Plan:					
Date of Request:		Physician Name:			
MD office Contact Person:		Physician's Specialty:			
Physician's Fax Number:		Physician's Phone Number:			
Physician's ID:	Physician's ID:		Provider Signature:		
Pharmacy Name:		Pharmacy Fax Num	nber: ( )		
Pharmacy Contact:	· · ·				
Pharmacy NABP #:	· ·		Provider Signature:		
Patient Name (last, first, MI):		Patient ID number:			
Sex: Male Female	DOB:		Phone #: ( )		
NEW □ RENEWAL □ R DIAGNOSIS (LIST RELEVANT): CURRENT MEDICATION(S): FORMULARY DRUGS TRIED AND	ENEWAL ORIGIN				
DRUG AND STRENGTH:  DIRECTIONS:			NDC:		
		USTOMER USE ON			
Approved Denied Deferr COMMENTS:	ed for Additional Info	ormation Approved	l As Modified Pt. Not Eligible		
Authorizing Signature		Date			

**EXPIRES:** 

**NDC** 

VALID:

**CATEGORY DESCRIPTION** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

### ANALGESICS AND ANESTHETICS

### **Analgesics - Anti-Inflammatory**

Diclofenac Potassium **CATAFLAM** Fenoprofen Calcium **NALFRON** Ibuprofen **MOTRIN** Indomethacin **INDOCIN** Methotrexate Sodium (Antirheumatic) RHEUMATREX NAPROSYN Naproxen Naproxen Sodium **ANAPROX** Sulindac **CLINORIL** 

### **Analgesics - Narcotic**

### SEE PRIOR AUTHORIZATION CRITERIA FOR CRITERIA OF NON-LISTED DRUGS

Acetaminophen w/Codeine TYLENOL/CODEINE Short-acting, controlled

Acetaminophen w/Hydrocodone VICODIN substances limited to 60 units/mo

Aspirin w/Codeine ASPIRIN/CODEINE Aspirin-Caff-Butalbital w/Codeine FIORINAL/CODEINE

Propoxyphene HCl DARVOCET

Morphine sulfate MS CONTIN Long-acting, controlled

Methadone sulfate substances limited to 100 units/mo

Tramadol ULTRAM GENERIC ONLY. Limited to 150

units/mo

### Analgesics - Non-narcotic

Acetaminophen TYLENOL
Acetaminophen-Butalbital BUPAP
Acetaminophen-Caff-Butalbital FIORICET
Aspirin and Combination ASCRIPTIN
Aspirin-Caffeine-Butalbital FIORINAL
Salsalate SALFLEX

Gout

Allopurinol ZYLOPRIM
Colchicine COLCHICINE

Colchicine w/Probenecid PROBENECID/COLCHICINE

Probenecid PROBENECID
Sulfinpyrazone SULFINPYRAZONE

**Migraine Products** 

APAP-Isometheptene-Dichloral MIDRIN Ergotamine w/Caffeine CAFERGOT

### Musculoskeletal Therapy Agents

Carisoprodol SOMA
Cyclobenzaprine FLEXERIL
Methocarbamol ROBAXIN

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

### **Tricyclics**

**CATEGORY DESCRIPTION** 

Amitriptyline **ELAVIL** Amoxapine **AMOXAPINE** Clomipramine **ANAFRANIL** Desipramine **NORPRAMIN** Doxepin **SINEQUAN** Imipramine **TOFRANIL** Nortriptyline AVENTYL Protriptyline **VIVACTIL** Trimipramine Maleate **SURMONTIL** 

All are Code 1:Diagnosis of Neuropathy and Pain Management

### **ANTICONVULSANTS**

### Anticonvulsant

Carbamazepine **TEGRETOL** Clonazepam **KLONOPIN** Divalproex Sodium **DEPAKOTE** Ethosuximide **ZARONTIN** Ethotoin **PEGANONE** Felbamate **FELBATOL** Fosphenytoin Sodium **CEREBYX** Lamotrigine **AMICTAL** Levetiracetam **KEPPRA** Methsuximide **CELONTIN** Oxcarbazepine TRILEPTAL Phenacemide **PHENURONE** Phenytoin DILANTIN Primidone **PRIMIDONE** Tiagabine **GABITRIL Topiramate TOPAMAX** Valproate Sodium **DEPACON** Valproic Acid DEPAKENE Zonisamide **ZONEGRAN** 

Code 1: Diagnosis of Seizures only

### **Antimyasthenic Agents**

Neostigmine Bromide **PROSTIGMIN** Pyridostigmine Bromide **MESTINON** 

### Antiparkinsonian

Amantadine HCl Benztropine Mesylate **COGENTIN** Biperiden HCl **AKINETON** Bromocriptine Mesylate PARLODEL Carbidopa LODOSYN Carbidopa-Levodopa **SINEMET** Entacapone **COMTAN** Levodopa LARODOPA Pergolide Mesylate **PERMAX** Pramipexole Dihydrochloride **MIRAPEX** Procyclidine HCl **KEMADRIN** Ropinirole Hydrochloride **REQUIP** Selegiline HCl **ELDERPRYL** Tolcapone **TASMAR** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

Trihexyphenidyl HCl

**ARTANE** 

Misc. Neurological Agents

**CATEGORY DESCRIPTION** 

Glatiramer Acetate

**COPAXONE** 

ANTIEMETICS

Meclizine HCl

**Prochlorperazine Products** 

**DRAMAMINE COMPAZINE** 

**ANTIHISTAMINES** 

Chlorpheniramine Maleate Diphenhydramine HCl Hydroxyzine HCl Hydroxyzine Pamoate Promethazine HCl

**CHLO-AMINE BENADRYL** ATARAX **VISTARIL PHENERGAN** 

**ANTI-INFECTIVES** 

**Amebicides** 

Iodoquinol YODOXIN

Aminoglycosides

Neomycin Sulfate NEOMYCIN SULFATE

Anthelmintic

ALL ANTHELMINTICS ARE COVERED

**Antifungals** 

Griseofulvin Microsize **GRIFULVIN** Griseofulvin Ultramicrosize **GRIS-PEG** Ketoconazole **NIZORAL** Nystatin **MYCOSTATIN** 

**Antimalarial** 

Chloroquine Phosphate **ARALEN** Hydroxychloroquine Sulfate **PLAQUENIL** 

Primaquine Phosphate PRIMAQUINE PHOSPHATE

Pyrimethamine DARAPRIM

Quinine Sulfate QUININE SULFATE

**CATEGORY DESCRIPTION** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

**Antimycobacterial Agents** 

Isoniazid

**Antiviral** 

Acyclovir ZOVIRAX

Cephalosporins

Cefixime SUPRAX Cephalexin Monohydrate KEFLEX

Fluoroquinolones

Ciprofloxacin HCl CIPRO Code 1 Diagnosis of UTI

**Macrolide Antibiotics** 

Azithromycin ZITHROMAX Code 1: Community- acquired

pneumonia only
cycin HCl CLEOCIN

Clindamycin HCl Erythromycin Base

Erythromycin Base (Coated) ROBIMYCIN

Erythromycin Estolate PCE

Erythromycin Ethylsuccinate ERYTHROMYCIN

Erythromycin Stearate

Misc. Anti-Infectives

Dapsone DAPSONE
Metronidazole FLAGYL

Trimethoprim/Sulfamethoxazole BACTRIM/BACTRIM DS

Penicillins

Amoxicillin TRIMOX

Amoxicillin & Pot Clavulanate AUGMENTIN
Ampicillin PRINCIPEN
Dicloxacillin Sodium DYNAPEN

Penicillin V Potassium VEETIDS

Sulfonamides

Sulfisoxazole SULFISOXAZOLE

Sulfisoxazole Acetyl GANTRISIN

Tetracyclines

Doxycycline Hyclate VIBRAMYCIN
Tetracycline HCl SUMYCIN
Iodoquinol YODOXIN

**CATEGORY DESCRIPTION** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

### **ANTI-ASTHMATICS**

Albuterol Sulfate ALBUTEROL SULFATE
Aminophylline AMINOPHYLLINE

Dyphylline LUFYLLIN
Ipratropium Bromide ATROVENT
Oxtriphylline OXTRIPHYLLIN
Theophylline THEOPHYLLINE

**Inhalers** 

Albuterol PROVENTIL

Albuterol-Ipratropium COMBIVENT Code 1: COPD only Beclomethasone QVAQR Preferred Steroid Inhaler

Cromolyn Sodium CROMOLYN
Pirbuterol Acetate MAXAIR

Salmeterol Xinafoate SEREVENT Limit 1/month

Terbutaline Sulfate BRETHINE

**Medical Devices** 

Peak Flow Meter PEAK FLOW METER

Respiratory Therapy Supplies INSPIREASE Sodium Chloride Inhalant SALINE

Water, Sterile

ANTI-NEOPLASTIC AGENTS

ALL AGENTS ARE COVERED WHEN PRESCRIBED BY ONCOLOGY; SUBJECT TO STANDARD APPROVAL REVIEW PROCESS (SEE CRITERIA)

### CARDIOVASCULAR AGENTS

**ACE Inhibitors** 

Captopril CAPOTEN
Lisinopril PRINIVIL
Benzapril LOTENSIN
Enalapril Maleate VASOTEC

Alpha Blockers

Doxazosin Mesylate CARDURA

**Antianginal Agent** 

Isosorbide Dinitrate ISORDIL
Isosorbide Mononitrate ISMO

Nitroglycerin TRANSDERMAL-NTG

Antiarrhythmic

Adenosine ADENOCARD
Bretylium Tosylate BRETYLIUM
Disopyramide Phosphate NORPACE CR
Dofetilide TIKOSYN
Flecainide Acetate TAMBOCOR
Ibutilide Fumarate CORVERT

Prepared by AmeriChoice

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
	Mexiletine HCl Moricizine HCl Procainamide HCl Propafenone HCl Quinidine Gluconate Quinidine Sulfate Tocainide HCl	MEXILETINE ETHMOZINE PRONESTYL RYTHMOL QUINIDINE QUINIDEX TONOCARD	
Anticoagulants			
	Enoxaparin Sodium Warfarin Sodium	LOVENOX COUMADIN	PA for > 7 days therapy
Antihyperlipidemic			
	Atorvastatin Calcium	LIPITOR*	*See Criteria: <b>20mg and 80mg only.</b> Diagnosis of CVD or DM and LDL >130mg/dl required. Step therapy encouraged.
	Lovastatin Gemfibrozil	MEVACOR LOPID	chestaget.
Beta Blockers			
	Atenolol Metoprolol Tartrate Propranolol HCl	TENORMIN LOPRESSOR INDERAL , INDERAL LA	
	Sotalol HCl	BETAPACE	
Calcium Blockers	Diltiazem HCl Felodipine Isradipine Nifedipine Nimodipine Verapamil HCl	CARDIZEM PLENDIL DYNACIRC ADALAT CC NIMOTOP ISOPTIN	
Cardiotonics			
	Digoxin	LANOXIN	
Diuretics			
	Acetazolamide Furosemide Hydrochlorothiazide Methazolamide Metolazone Spironolactone Spironolactone & HCTZ Triamterene & HCTZ	DIAMOX LASIX HYDRODIURIL METHAZOLAMIDE ZAROXOLYN ALDACTONE ALDACTAZIDE DYAZIDE	

**CATEGORY DESCRIPTION** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

Misc. Hematological

Dipyridamole PERSANTINE

Other Hypertensive Adrenergic Blockers

Clonidine HCl CLONIDINE
Hydralazine HCl APRESOLINE
Methyldopa METHYLDOPA
Minoxidil LONITEN
Prazosin HCl MINIPRESS
Terazosin HCl HYTRIN

**CORTICOSTERIODS** 

Cortisone Acetate CORTISONE
Dexamethasone DECADRON,

DEXAMETHASONE

ACETATE

Fludrocortisone Acetate FLORINEF

HydrocortisoneHYDROCORTONEPrednisolonePREDNISOLONE

Prednisolone Acetate

Prednisolone Sodium Phosphate

Prednisone

DELTASONE

### **COUGH AND COLD ALLERGY**

Cough/Cold/Allergy

Over the counter products

Bropheniramine and Combinations Chlorpheniramine and Combinations Dextromethorphan and Combinations Guaifenesin and Combinations Pseudoephedrine and Combinations

Narcotic (codeine) cough syrup

Restricted to 240 ml/fill

MAXIMUM OF 3 FILLS/MONTH

ENDOCRINE AND METABOLIC AGENTS

**Diabetic Agents** 

Dextrose (Diabetic Use) GLUTOSE

**Oral Agents** 

Glipizide GLIPIZIDE
Glucagon (rDNA) MICRONASE
Glyburide GLYNASE
Glyburide Micronized GLUCOPHAGE
Metformin HCl METFORMIN SR
Metformin sustained release GLUCAGON
Tolazamide TOLINASE

Prepared by AmeriChoice

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
CHILDONI DESCRIPTION	GENERIC IVIIVIE	DIGITIO TOTAL	TORMODIANT RESTRICTIONS

Tolbutamide TOLBUTAMIDE

Rogiglitazone AVANDIA Second line therapy- See Criteria

**Insulins** 

NOTE: New insulins are Code-1 for first 6 months: Endocrinology only

Insulin Glargine LANTUS Code-1: Project. Dulce participant or

prescribed by Endocrinology

**Diagnostic Products** 

Diabetic testing strips All are covered Lifescan and Bayer are preferred

PA for > 200 strips/month

**Diabetic Medical Devices** 

Lancets
Lancet Devices
Insulin Syringes
Insulin Needles

Misc. Endocrine

Cabergoline DOSTINEX
Desmopressin Acetate DDAVP

**Pressors** 

Epinephrine HCl (Anaphylaxis) EPIPEN Epinephrine-Chlorpheniramine ANA-KIT

**Thyroid** 

Levothyroxine Sodium SYNTHROID Available as "Do Not Substitute"
Liothyronine Sodium LIOTHYRONINE
Methimazole METHIMAZOLE

PROPYLTHIOURACIL

Methimazole Propylthiouracil

**GASTROINTESTINAL AGENTS** 

Antacids All Antacids are covered

**Anti-Diarrheals** 

Attapulgite DONNAGEL
Bismuth Subsalicylate PEPTO BISMOL
Diphenoxylate w/Atropine LOMOTIL
Loperamide HCl IMODIUM A-D

**Digestive Aids** 

Amylase-Lipase-Protease PANCREASE Lactase LACTAID

Pancrelipase PANCREAT ENZ CAP EC

Prepared by AmeriChoice

**CATEGORY DESCRIPTION** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

Limited to: 1 RX each 6 months

Laxatives

Bisacodyl DULCOLAX

Docusate Sodium EX-LAX STOOL SOFTENER

Lactulose LACTULOSE

Magnesium Hydroxide MILK OF MAGNESIA

PEG-Electrolyte OCL
Psyllium SYLLACT
Senna SENOKOT

Misc. GI

Calcium Acetate (Phosphate Binder) PHOSLO
Lactulose LACTULOSE
Mesalamine ROWASA
Metoclopramide HCl REGLAN

 $Metoclopramide\ HCl\ Monohydrate$ 

Simethicone GAS-X
Sulfasalazine AZULFIDINE
Ursodiol ACTIGALL

**Ulcer Drugs** 

Amoxicillin-Clarithromycin

w/Lansoprazole

Atropine Sulfate ATROPINE SULFATE

**PREVPAC** 

Cimetidine HCl TAGAMET
Dicyclomine HCl BENTYL
Hyoscyamine Sulfate LEVSIN
Omeprazole magnesium PRILOSEC OTC

Phenobarbital & Belladonna Alk
Ranitidine HCl
Sucralfate

BARBIDONNA
ZANTEC
CARAFATE

GENITOURINARY PRODUCTS

Miscellaneous Genitourinary Products

Pentosan Polysulfate Sodium ELMIRON
Phenazopyridine HCl PYRIDIUM
Potassium & Sodium Citrates w/Citric TRICITRATES

Acid

**Urinary Anti-Infectives** 

Nitrofurantoin NITROFURANTN
Nitrofurantoin Macrocrystal MACRODANTIN
Nitrofurantoin Monohyd Macro MACROBID

**Urinary Antispasmodics** 

Bethanechol Chloride URECHOLINE Hyoscyamine CYSTOSPAZ Oxybutynin Chloride DITROPAN

**CATEGORY DESCRIPTION** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

### **NUTRITIONAL PRODUCTS**

**Hematopoietic Agents** 

Ferrous Fumarate FEOSTAT

Ferrous Gluconate FERROUS GLUCONATE

Ferrous Sulfate FER-IN-SOL
Ferrous Sulfate Dried SLOW FE
Folic Acid FOLIC ACID

**Minerals & Electrolytes** 

All over the counter calcium products (generic) are covered

Sodium Polystyrene Sulfonate KAYEXALATE

Vitamins

Dihydrotachysterol HYTAKEROL
Niacin NIACIN
Phytonadione MEPHYTON

Pyridoxine HCl VITAMIN B-6 Code 1: Only with INH

Vitamin D VITAMIN D

**Ophthalmic Products** 

Anti-Infective All Anti-Infectives are covered

**Anti-Inflammatory** 

Cromolyn sodium Naphcon-A

Vasocon-A

Glaucoma

Adrenergics

Dipivefrine PROPINE
Apraclonidine IOPIDINE
Brimonidine ALPHAGAN

Beta-blockers & combinations

Betaxolol BETOPTIC-S
Carteolol OCUPRESS
Levobunolol BETAGAN
Timolol TIMOPTIC
Dorzolamide-Timolol COSOPT

Carbonic Anhydrase inhibitors

Brinzolamide AZOPT

**Parasympathomimetics** 

Pilocarpine ISO CARPINE

**CATEGORY DESCRIPTION** 

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

**Prostaglandins** 

Latanoprost **XALATAN** Travoprost **TRAVATAN** 

### Ophthalmic Steroids

### Prior Authorization not required when ordered by Ophthalmology

Dexamethasone **MAXIDEX** Dexamethasone Sodium Phosphate **DECADRON** 

Fluorometholone Fluorometholone Acetate **FLAREX** 

Prednisolone Acetate **ECONOPRED PLUS** 

Prednisolone Sodium Phosphate AK-PRED

### **OTIC PRODUCTS**

Acetic Acid VOSOL Benzocaine & Antipyrine **AURALGAN** 

Carbamide Peroxide MURINE EAR DROPS

Hydrocortisone w/Acetic Acid VOSOL

Neomycin-Polymyxin-HC CORTATRIGEN

### **TOPICALS**

### Anorectal

### ALL RECTAL HYDROCORTISONE PRODUCTS ARE COVERED

**PROTOFOAM** Hydrocortisone Acetate w/Pramoxine Mesalimine Enema **ROWASA** Pramoxine HCl Ointment **ANUSOL** 

### Dermatological

### SCABICIDES AND PEDICULICIDES ARE COVERED

Allantoin-Coal Tar and Combinations **TEGRIN MEDICATED** 

> SHAMPOO 7% **BACITRACIN**

Bacitracin (Topical) and Combinations Betamethasone Dipropionate **MAXIVATE DOVONEX** Calcipotriene Capsaicin **ZOSTRIX** Clotrimazole and Combinations **MYCELEX** Coal Tar COAL TAR Crotamiton **EURAX** Desoximetasone **TOPICORT** 

Fluocinolone Acetonide **FLUOCINOLONE** 

**ACETONIDE** 

Fluocinonide FLUOCINONIDE

Hydrocortisone Products CORTAID Ketoconazole NIZORAL,

KETOCONAZOLE Lidocaine HCl LIDOCAINE HCl Mafenide Acetate **SULFAMYLON** 

Miconazole Nitrate

**NEOSPORIN** Neomycin and Combinations)

CATEGORY DESCRIPTION	
CITE CONTENT DECEMBER 11011	

**GENERIC NAME** 

**BRAND NAME** 

FORMULARY RESTRICTIONS

Nystatin and Combinations

Papain & Urea Products
Podofilox
CONDYLOX
Selenium Sulfide
Silver Sulfadiazine
Tolnaftate
Triamcinolone Acetonide
ACCUZYME
CONDYLOX
SCHOOL SULVADENE
SILVADENE
TINACTIN
Triamcinolone Acetonide
KENALOG

### Mouth & Throat (Local)

Benzocaine (Mouth-Throat) CEPACOL MAXIMUM

STRENGTH

Lidocaine HCl (Mouth-Throat) LIDOCAINE VISCOUS

Nystatin (Mouth-Throat) MYCOSTATIN
Pilocarpine HCl (Oral) SALAGEN
Triamcinolone Acetonide (Mouth) KENALOG

